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## FIBROUS TUMOR OF THE UTERUS;

EXCESSIVE HÆMORRHAGE; REMOVAL BY EXCISION.

By B. FORDYCE BARKER, M.D.,

PROFESSOR OF MIDWIFERY, &C., IN THE NEW YORK MEDICAL COLLEGE; PHYSICIAN TO BELLEVUE HOSPITAL, &C.

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Mrs. —, aged 46, mother of three children, the youngest of which is 13 years old, has for three years past been suffering from occasional attacks of uterine hæmorrhage, some of which have been exceedingly severe. During the past year she was principally under the care of Prof. Trousseau, of Paris. In September, 1856, Dr. A. Hamilton Smith, her usual medical attendant, was present at a consultation in Paris, when her case was carefully examined by MM. Trousseau, Velpeau, and Nelaton, and the result of their deliberations, as stated to me by Dr. Smith and the patient herself, was that the hæmorrhages were due to a non-pedicated fibrous tumor of the uterus, which was not susceptible of removal by an operation, but which possibly might eventually become pediculated. I first saw Mrs. — Dec. 28th, 1856. She had returned from Europe a few weeks before. Menstruation commenced the 22d, but there was no profuse hæmorrhage until the 26th, when it became very abundant. She had vainly endeavored to arrest it by the use of alum covered with cotton batting in the vagina, the local application of ice, and by various internal remedies recommended to her by Prof. Trousseau. The numerous prescriptions which he had made out for her, comprised almost every known variety of styptic and astringent agent in use, and was a convincing proof of the severity of her former attacks. Her condition, when I first saw her, was such as to excite the gravest

apprehension. Her countenance was sallow, pinched, and haggard, her respiration hurried and catching, her pulse small and sharp, 116 per minute, the surface cool and moist. She complained of severe pain in the head, ringing in the ears, and a sense of "suffocating oppression at the heart." On making a vaginal examination, the uterus was found to be large and heavy, the os tinæ very patulous, through which the hot blood was steadily trickling into the vagina. I at once proceeded to tampon the cervix and vagina. Soaking a quantity of what is known as "jeweller's batting" in a saturated solution of alum, successive layers were first inserted into the cervix and then into the vagina, until it was packed as firmly as possible. She was directed to take a teaspoonful of the following prescription every hour :

R.	Acid, Gallic.	
	Pulv. Acaciæ G.	aa ʒij
	Tr. Opii Camph.	ʒss
	Syr. Limonis,	ʒjss
	Aq. Puræ,	ʒij
M.		

On visiting her three hours afterwards I found the tampon completely afloat in the vagina. I again filled the cervix and vagina as before, introducing all the batting it was possible to get in.

Dec. 29th. The patient had slept none during the night. She had saturated six napkins since 2 A. M. The tampon had seemed to control the hæmorrhage for a few hours, but now it did not apparently half fill the vagina, which had become very sore and tender to the touch from the irritation of the alum. I now tamponed the cervix as completely as possible with a piece of sponge, and then filled the vagina with the Kite tail tampon.

4 P. M. Hæmorrhage still unchecked. She has taken in twenty-eight hours, ʒij of gallic acid. I again filled the vagina, without removing the batting already in, and prescribed the following :

R.	Ol. Terebinth	
	Syr. Limonis	aa ʒij
	Pulv. Acaciæ	ʒss
	Ol. Cassiæ	gtt. iv

Misce. Two tablespoonfuls every half hour.

9 P. M. There has been no hæmorrhage since seven o'clock, when a dry napkin was applied to the vulva. There has been one copious

discharge from the bowels, attended with pretty severe colicky pain, but no strangury. From this date until the morning of Jan. 2d, there was no more hæmorrhage, and efforts were made during this period to restore the general powers of the system by the use of stimulants, beef tea, and codine, the only preparation of opium which she tolerated well.

On the morning of Jan. 2d, I found that a moderate amount of hæmorrhage had again appeared, and the decoction of Matico was ordered :

R.	Fol. Matico	-	-	-	-	3ij
	Aq. Bullient	-	-	-	-	Oj
Misce.	A wine glassful thrice a day.					

Before she had time to procure the prescription from the druggist, I was again summoned in great haste, the hæmorrhage having become very profuse. She was previously so extremely anæmic, that the loss of even an ounce of blood was fearful. I at once plugged the vagina with the batting soaked in the decoction of Matico, and directed an ounce of the decoction with thirty drops of the Tinc. Secale Cornu. to be taken every hour. She had no more hæmorrhage from this time, but for many days it seemed impossible to rally her from the collapse which followed. The countenance was swollen and puffy, the mind confused and wandering, the respiration hurried, panting, and very frequent, the pulse varying from 120 to 140, and the surface cold and clammy. Friction and dry warmth to the extremities, beef tea, brandy, and codine were assiduously kept up, but I believe she would have succumbed had it not been for a suggestion made by my father, Dr. Barker, of Maine, who was then visiting me. He proposed to me "to keep what little blood there was circulating in the system in the vital organs." On this hint, I at once acted. I at first compressed both brachial arteries with my thumbs, and the breathing soon became slower and easier, and she begged me to continue the pressure. I then arrested the circulation so far as possible through the brachial and femoral arteries, by means of compresses and bandages, and in a few moments she fell asleep.

On account of the difficulty of breathing, she had not slept before, except for a moment at a time, for nearly three days. So great was the relief that she derived from this expedient, that she kept the bandages on for three nights and two days, only having them loosened occasionally for a few moments, to have the circulation restored in the extremities by friction, &c. It is unnecessary to detail the vari-



ous measures resorted to to bring up the system, by proper nutrition, stimulants, and tonics. Jan. 17th.—Dr. F. U. Johnston was called in consultation, and made some valuable suggestions to facilitate this end. As soon as her strength would permit, I made a careful physical exploration, in order to determine the exact pathological condition which had given rise to these hæmorrhages. The os was found very much closed as compared with the state during the hæmorrhage. The uterus was greatly hypertrophied, measuring by the sound six inches and three-fourths. The point of the sound was felt through the abdominal walls just at the umbilicus. A catheter was passed into the bladder, while the sound remained in the uterus, and by a careful manipulation, a tumor in the interior of the latter was clearly defined, commencing just above the junction of the cervix. No change of the posterior wall, except enlargement, could be detected, by a careful examination through the rectum. The diagnosis was a submucous fibrous tumor of the anterior wall of the uterus. The hæmorrhages were regarded as conclusive evidence of the submucous development of the tumor. It now became an important point to determine whether anything could be done to avert the danger from these recurring hæmorrhages. It was evident that she could not survive another such attack, or anything like it. Each recurrence left her less and less able to resist its effects, while the severity was constantly increasing, the tumor inducing a development of the vascular system and mucous surface of the interior wall, analogous to that which occurs in pregnancy. The possibility of removing this tumor, the source of the evil, became a matter of serious consideration, and after maturely weighing the whole subject, it seemed to me not only practicable, but as the only resource which offered to prevent an inevitable fatal termination. Dr. Johnston was again called in February 9th, and the whole scheme, with the arguments pro. and con. were laid before him. Dr. Johnston was satisfied as to the feasibility of the operation proposed, but he was doubtful as to the capability of the patient to endure the shock of such an operation. By his advice Dr. Mott was also consulted, but the patient, from a delicacy easily understood, declined to submit to a personal examination from others, and he was only able to give an opinion on general grounds. Dr. Smith, in whose opinions she placed great confidence, based on a long experience of his medical tact and judgment, advised the operation, as offering a chance for recovery which she could not otherwise have. The first step in the operation was to effect a complete dilation of the cervix uteri, by means of compressed sponges, gradually increasing

in size. This required twelve days before it was satisfactorily accomplished.

The operation was performed on Monday, Feb. 23d, with the efficient aid of Dr. Johnston and two reliable nurses, and Dr. Charles A. Budd, of whose experience and judgment in administering chloroform I had before had convincing proof. The patient was first brought completely under the influence of the chloroform. She was then placed on her abdomen, across the bed, before a strong light from the window. The perineum was then lifted up and kept in this position by the curved elevator of Dr. Sims, while the nates were separated as widely as possible by the hands of the nurses assisting. A double hook was then inserted into the posterior lip of the cervix uteri, raising it up so as to fully expose the tumor within the cavity of the uterus. A second hook was then passed into the substance of the tumor. This was effected with some difficulty, as it had a cartilaginous hardness, very distinct from the surrounding tissue of the uterus. I had three knives, with long stout handles, made expressly for this operation; one with a curved, cutting edge, and the others were curved on the flat sides—one with an edge looking to the left, to be used with the right hand; the other with an edge looking to the right, to be used with the left hand. First, an elliptical incision was made through the mucous membrane covering the tumor; then, with the other knives, the tumor was dissected out from the tissue of the uterus. Not a tablespoonful of blood was lost by the operation. The tumor was two and a half inches in length, about an inch and a half in breadth, and of a dense fibrous structure. Dr. Johnston and myself both carefully examined with the finger to ascertain whether any portion of the tumor remained, but finding none, and there being no hæmorrhage, the patient was again replaced in bed.

She soon rallied from the influence of the chloroform, and the system exhibited for several hours no evidence of a severe shock. After staying with her about three hours, I left her perfectly comfortable. I returned after an absence of less than an hour, and found that the shock was just becoming apparent. The countenance was anxious the breathing hurried, the pulse rapid, 124, and the surface covered with a cold sweat. On examination, I found a good deal of oozing of blood from the vagina. I at once gave her sixteen drops of Majendie's solution of morphia, and then filled the *cavity of the uterus* and the vagina with batting, packing as closely as possible. This was allowed to remain but a few hours, as I felt that great danger was to be apprehended from an extensive suppurating surface in



the cavity of the uterus. Reaction gradually came on, and although I did not feel safe to leave her, yet I had the pleasure of seeing her pass the greater part of the night in quiet and tranquil sleep. Dr. Johnston continued his attendance with me for some days subsequent to the operation. A very moderate sero-sanguinolent discharge came on the second day after the operation, which continued for sixteen days, and then entirely ceased. Her convalescence was rapid. She gained flesh and strength, and on the twenty-sixth day after the operation she was able to ride out. She regarded her general health as better than it had been for some years previous to the operation. There was no appearance of menstruation in the months of March or April, but the function was again reëstablished in the month of May. For some days it was normal as to quantity, but gradually it assumed a hæmorrhagic character, and profuse flooding came on. Being out of town, my friend, Prof. Metcalf, was called in, and found the hæmorrhage exceedingly difficult to arrest. On my return, May 27th, Dr. Metcalf had the hæmorrhage well under control, although it had not entirely ceased. On a careful examination, I became satisfied that the hæmorrhage was due to imperfect cicatrization of the wounded surface. By means of a uterine tubular sound, I introduced into the cavity of the uterus a portion of the following ointment :

R.	Zinci Sulph.	3i
	Ung. Stramonii	3iij
	Ung. Cetacei	3i

M.

Two applications of this ointment entirely arrested the discharge. She menstruated normally in the months of June, July, and August. With the exception of a pretty severe and obstinate bowel complaint, her health has been most satisfactory during the Summer.

I hardly think there can be a doubt as to the propriety of the operation performed in this case. The patient's life must have inevitably been destroyed by the hæmorrhage which occurred in connection with menstruation. The method adopted by the removal of the tumor was unique, but it was the only plan which seemed practicable and safe. The operation by enucleation, an opening being made either by caustic potass, as practised by Prof. Simpson, or by the knife, after the method of Amussat or Maisonneuve, was entirely out of the question. The case also differed from that reported by Prof. Pancoast, of Philadelphia, and the one reported by Mr. Teale, of Leeds, in that the tumor was entirely within the cavity of the

uterus. Neither does the case bear any resemblance to those reported by Dr. Atlee, of Philadelphia, either as regards the motive for operating, or the plan of operative procedure. Mr. Grimsdale, Surgeon to the Lying-in Hospital, Liverpool, in an article "On artificial enucleation of Uterine Fibroid Tumor," published in the January number of the *Liverpool Medico-Chirurgical Journal*, and quoted in the last number of *Braithwaite's Retrospect*, gives the following conditions as necessary to justify the operation for enucleation.

1. There must be present some symptom, as hæmorrhage, intractable, and of so serious a nature as, if allowed to continue, would almost inevitably sooner or later destroy life.

So long as the tumor is quiescent, attended by no formidable symptom, it would manifestly be highly improper to propose any interference, that might of itself seriously compromise the patient's safety ; but in the presence of frequent and exhausting hæmorrhages, inevitably fatal in their tendencies, it becomes a question of anxious interest, to both surgeon and patient, whether or not any operation can afford a fair prospect for relief.

2. The tumor should be a single one, as may be generally known by its globular form.

On this point I wish to correct a misconception I believe to be prevalent, viz : as to the infrequency of single fibrous tumors of the uterus. Most writers on these subjects vary in general terms, or lead their readers to infer that it is quite the exception to find a solitary tumor of this kind ; in the great majority of cases, say they, these tumors are plural, or even in considerable numbers. Now in opposition to this, Mr. Pollock's records of post mortem examinations, at St. George's Hospital, show that in more than one-half of his cases the tumors were single.

3. The tumor should be surrounded by hypertrophied uterine tissue. When such is the case, we can always by auscultation detect an uterine bruit more or less loud, and I should be unwilling to operate unless this was present.

4. The more the tumor bulges inward towards the uterine cavity the better.

5. A time should be chosen, if possible, at which the system shall somewhat have rallied from the effects of the antecedent hæmorrhages.

These conditions all existed in the present case, and were equally applicable to the operation performed.

I should mention that the hypertrophy of the uterus has in a great

measure disappeared since the removal of the tumor. Aug. 7th, the uterus measured by the sound three and a half inches. The patient is also entirely relieved from some symptoms which had been very troublesome for nearly three years, viz: bearing-down pain, a desire for frequent micturition, and a "jarring faint pain" in the uterine region when she walked or rode in a carriage.

In conclusion, I should not do justice to my own feelings, if I omitted to acknowledge my indebtedness to Dr. Johnston for his efficient aid and valuable suggestions during the treatment of the case.

70 UNION PLACE, August 27th, 1857.